Your 2023 Prescription Drug Benefits Chart
Formulary E4, 10/20/20/20 (with Senior Rx Plus)
District Council 16 Northern California Health & Welfare Trust Fund

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

The benefits and description of covered services within this summary are pending CMS approval and subject to change.

Formulary	E4
Deductible	$0
Supplemental Gap Coverage	Not Applicable
Covered Services	What you pay

Part D Initial Coverage

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of $7,400.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	$0 copay	$0 copay
• Generics	$5 copay	$10 copay
• Preferred Brands	$10 copay	$20 copay
• Non-Preferred Drugs	$10 copay	$20 copay
• Specialty Drugs	$20 copay	$20 copay

Covered Services	What you pay	
Retail Pharmacy	per 90-day supply	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	$0 copay	$0 copay
• Generics	$10 copay	$20 copay
• Preferred Brands	$20 copay	$40 copay
• Non-Preferred Drugs	$20 copay	$40 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will only need to pay two copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
• Select Generics	$0 copay
• Generics	$20 copay
• Preferred Brands	$40 copay
• Non-Preferred Drugs	$40 copay
• Specialty Drugs	$20 copay

Covered Services	What you pay
Part D Catastrophic Coverage	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of $7,400.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
• Select Generics	$0 copay
• Generic Drugs	$5 copay
• Brand-Name Drugs	$10 copay

- **Preferred Retail Pharmacies:** Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your Group Medicare prescription drug plan's pharmacy directory. The list of preferred pharmacies may change each January.

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your *Evidence of Coverage* for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

Your 2023 Extra Covered Drugs Benefits Chart

Covered Services	What you pay	
Extra Covered Drugs		
These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.		
Retail Pharmacy	per 30-day supply	
	Preferred Network Pharmacy	Standard Network Pharmacy
Cough and Cold **DESI** **Vitamins and Minerals**	See Drug List for complete list of drugs covered	
• Generics	$5 copay	$10 copay
• Preferred Drugs	$10 copay	$20 copay
• Non-Preferred Drugs	$10 copay	$20 copay
Erectile Dysfunction (ED)	Immediate dose formats are limited to 6 per 30 days.	
• Generics	$5 copay	$10 copay
• Preferred Brands	$10 copay	$20 copay
• Non-Preferred Drugs	$10 copay	$20 copay
Contraceptive Devices		
• Prescription	$10 copay per Covered Device	$20 copay per Covered Device

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply
Cough and Cold **DESI** **Vitamins and Minerals**	See Drug List for complete list of drugs covered
• Generics	$20 copay
• Preferred Drugs	$40 copay
• Non-Preferred Drugs	$40 copay
Erectile Dysfunction (ED)	Immediate dose formats are limited to 6 per 30 days.
• Generics	$20 copay
• Preferred Brands	$40 copay
• Non-Preferred Drugs	$40 copay
Contraceptive Devices	
• Prescription	$20 copay per Covered Device

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.